

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42175

**Entity Name:** UNITARIAN UNIVERSALIST UNITED FELLOWSHIP, INC.

**Current Principal Place of Business:**

7326 4TH AVE N  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

PO BOX 40311  
SAINT PETERSBURG, FL 33743 US

**FEI Number:** 59-3060063

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EVANS, MARGARET D  
7326 4TH AVE N  
SAINT PETERSBURG, FL 33710 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name TERRENCE, DONNA  
Address PO BOX 40311  
City-State-Zip: SAINT PETERSBURG FL 33743

Title DIRECTOR  
Name HARSHBARGER, CHARLES  
Address 5721 CENTRAL AVENUE  
City-State-Zip: ST PETERSBURG FL 33710

Title DIRECTOR  
Name DAVIS, MICHAEL S  
Address 5721 CENTRAL AVE  
City-State-Zip: ST PETERSBURG FL 33710

Title T  
Name HARPER, FRANCES  
Address 330 73RD STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33710

Title DIRECTOR  
Name EVANS, MARGARET  
Address 7326 4TH AVE N  
City-State-Zip: ST PETERSBURG FL 33710

Title SECRETARY  
Name VYNER-BROOKS, ADRIAN  
Address 2985 61ST AVENUE S  
City-State-Zip: ST. PETERSBURG FL 33712

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGARET D EVANS

**DIRECTOR**

**03/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date